

Case Number:	CM14-0147079		
Date Assigned:	09/15/2014	Date of Injury:	01/08/2014
Decision Date:	11/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of January 8, 2014. A utilization review determination dated August 25, 2014, recommends non-certification of flurbiprofen and ketoprofen. A progress report dated June 9, 2014, identifies subjective complaints of headaches, dizziness, blurred vision, nausea, ringing in his ears and loss of balance, anxiety, and sleep difficulty. The patient also complains of pain in the neck radiating to his shoulders and intermittent shoulder weakness. He also complains of low back pain radiating to the legs. Current medications include "high blood pressure medication and pain medication." Physical examination reveals tenderness and spasm in the cervical spine with restricted range of motion. Diagnoses include status post blunt head trauma and post traumatic head syndrome. The treatment plan recommends non-steroidal anti-inflammatory drugs, an MRI of the brain, and evaluation for vertigo and dizziness.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flubriprofen 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

Decision rationale: Regarding the request for topical flurbiprofen, guidelines state that topical non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical flurbiprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical flurbiprofen is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested topical flurbiprofen is not medically necessary.

Ketoprofen 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

Decision rationale: Regarding the request for topical ketoprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral non-steroidal anti-inflammatory drugs (NSAIDs) contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical ketoprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical ketoprofen is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested topical ketoprofen is not medically necessary.